

# BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
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13							63	
14							64	
15							65	
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32							82	
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34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2	↓	↓	↓	↓	↓	TOTAL IND.	↓
TOTAL DEP.	33	←	←	←	←	←	TOTAL DEP.	←
TOTAL CLAIMS	35						TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS